

California Code of Regulations  
Title 22. Social Security  
Division 9. Pre-Hospital Emergency Medical Services  
Chapter 4. Paramedic

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**Article 1. Definitions**

**§ 100135. Approved Testing Agency.**

"Approved Testing Agency" means an agency approved by the Emergency Medical Services Authority (Authority) to administer the licensure examination.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172 and 1797.185, Health and Safety Code.

**§ 100136. Emergency Medical Services System Quality Improvement Program.**

"Emergency Medical Services System Quality Improvement Program" or "EMSQIP" means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care, pursuant to the provisions of Chapter 12 of this Division. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMSQIP.

Note: Authority cited: Sections 1797.107, 1797.172, 1797.185, Health and Safety Code. Reference: Sections 1797.172 and 1797.204 Health and Safety Code.

**§ 100137. Paramedic Training Program Approving Authority.**

"Paramedic training program approving authority" means an agency or person authorized by this Chapter to approve a Paramedic training program and/or a Critical Care Paramedic (CCP) training program, as follows:

- (a) The approving authority for a Paramedic training program and/or a Critical Care Paramedic (CCP) training program conducted by a qualified statewide public safety agency shall be the director of the Authority.
- (b) The approving authority for any other Paramedic training program and/or a Critical Care Paramedic (CCP) training program not included in subsection (a) shall be the local EMS agency (LEMSA) which has jurisdiction in the area in which the training program is headquartered.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172, 1797.200 and 1797.208, Health and Safety Code.

**§ 100138. Paramedic Licensing Authority.**

"Paramedic Licensing Authority" means the director of the Authority.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.194, Health and Safety Code. Reference: Sections 1797.172, 1797.194 and 1797.210, Health and Safety Code.

**§ 100139. Paramedic.**

"Paramedic" or "EMT-P" or "mobile intensive care paramedic" means an individual who is educated and trained in all elements of prehospital advanced life support (ALS); whose scope of practice to provide ALS is in accordance with the standards prescribed by this Chapter, and who has a valid license issued pursuant to this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.194, Health and Safety Code. Reference: Sections 1797.84, 1797.172 and 1797.194, Health and Safety Code.

**§ 100140. Licensure Skills Examination.**

"Skills or practical examination" means the National Registry of Emergency Medical Technicians (NREMT) EMT-Paramedic Practical Examination to test the skills of an individual applying for licensure as a paramedic. Examination results shall be valid for application purposes for two (2) years from the date of examination.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185 and 1797.194, Health and Safety Code. Reference: Sections 1797.172, 1797.175, 1797.185 and 1797.194, Health and Safety Code.

**§ 100141. Licensure Written Examination.**

"Licensure Written Examination" means the NREMT EMT-Paramedic Written Examination to test an individual applying for licensure as a paramedic. Examination results shall be valid for application purposes for two (2) years from date of examination.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185 and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.175, 1797.185, 1797.194 and 1797.210, Health and Safety Code.

**§ 100142. Local Accreditation.**

"Local Accreditation" or "accreditation" or "accreditation to practice" means authorization by the LEMSA to practice as a paramedic within that jurisdiction. Such authorization indicates that the paramedic has completed the requirements of Section 100165 of this Chapter.

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.185, 1797.194 and 1797.210, Health and Safety Code.

**§ 100143. State Paramedic Application.**

"State Paramedic Application" or "state application" means an application form provided by the Authority to be completed by an individual applying for a license or renewal of license, as identified in Section 100163.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.185 and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.185 and 1797.194, Health and Safety Code.

**§ 100144. Critical Care Paramedic.**

A “Critical Care Paramedic” (CCP) is an individual who is educated and trained in critical care transport, whose scope of practice is in accordance to the standards prescribed by this Chapter, holds a current certification as a CCP by the Board for Critical Care Transport Paramedic Certification (BCCTPC), who has a valid license issued pursuant to this Chapter, and is accredited by a LEMSA.

NOTE: Authority cited: 1797.107, 1797.172 and 1797.194, Health and Safety Code. Reference: Sections 1797.84, 1797.172 and 1797.194, Health and Safety Code.

**Article 2. General Provisions**

**§ 100145. Application of Chapter.**

(a) Any LEMSA that authorizes a paramedic training program or an ALS service that provides services utilizing paramedic personnel as part of an organized EMS system, shall be responsible for approving paramedic training programs, paramedic service providers, paramedic base hospitals, and for developing and enforcing standards, regulations, policies and procedures in accordance with this chapter to provide an EMS system quality improvement program, appropriate medical control, and coordination of paramedic personnel and training program(s) within an EMS system.

(b) No person or organization shall offer a paramedic training program, or hold themselves out as offering a paramedic training program, or hold themselves out as providing ALS services utilizing paramedics for the delivery of emergency medical care unless that person or organization is authorized by the LEMSA.

(c) A paramedic who is not licensed in California may temporarily perform his/her scope of practice in California on a mutual aid response, on routine patient transports from out of state into California, or during a special event, when approved by the medical director of the LEMSA, if the following conditions are met:

(1) The paramedic is licensed or certified in another state/country or under the jurisdiction of the federal government.

(2) The paramedic restricts his/her scope of practice to that for which s/he is licensed or certified.

(3) Medical control as specified in Section 1798 of the Health and Safety Code is maintained in accordance with policies and procedures established by the medical director of the LEMSA.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.195, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.185, 1797.195, 1797.200, 1797.204, 1797.206, 1797.208, 1797.218, 1797.220, 1798 and 1798.100, Health and Safety Code.

**§ 100146. Scope of Practice of Paramedic.**

(a) A paramedic may perform any activity identified in the scope of practice of an EMT in Chapter 2 of this Division, or any activity identified in the scope of practice of an Advanced EMT (AEMT) in Chapter 3 of this Division.

(b) A paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter.

(c) A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a small and rural hospital pursuant to Section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medications when such are approved by the medical director of the LEMSA and are included in the written policies and procedures of the LEMSA.

**(1) Basic Scope of Practice:**

(A) Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG).

(B) Perform defibrillation, synchronized cardioversion, and external cardiac pacing.

(C) Visualize the airway by use of the laryngoscope and remove foreign body(-ies) with Magill forceps.

(D) Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.

(E) Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/ bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.

(F) Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins and monitor and administer medications through pre-existing vascular access.

(G) Institute intraosseous (IO) needles or catheters.

(H) Administer IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.

(I) Obtain venous blood samples.

(J) Use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to: glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).

(K) Utilize Valsalva maneuver.

(L) Perform percutaneous needle cricothyroidotomy.

(M) Perform needle thoracostomy.

(N) Perform nasogastric and orogastric tube insertion and suction.

(O) Monitor thoracostomy tubes.

(P) Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L.

(Q) Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical.

(R) Administer, using prepackaged products when available, the following medications:

1. 10%, 25% and 50% dextrose;
2. activated charcoal;
3. adenosine;
4. aerosolized or nebulized beta-2 specific bronchodilators;
5. amiodarone;
6. aspirin;
7. atropine sulfate;
8. pralidoxime chloride;
9. calcium chloride;
10. diazepam;
11. diphenhydramine hydrochloride;
12. dopamine hydrochloride;
13. epinephrine;
14. fentanyl;
15. glucagon;
16. ipratropium bromide;
17. lorazepam;
18. midazolam;
19. lidocaine hydrochloride;
20. magnesium sulfate;
21. morphine sulfate;
22. naloxone hydrochloride;
23. nitroglycerin preparations, except IV, unless permitted under (c)(2)(A) of this section;
24. ondansetron;
25. sodium bicarbonate.

(S) In addition to the approved paramedic scope of practice, the CCP may perform the following procedures and administer medications, as part of the basic scope of practice for interfacility transports, when a licensed and accredited paramedic has completed a Critical Care Paramedic (CCP) training program as specified in Section 100160(b) and successfully completed competency testing, holds a current certification as a CCP from the BCCTPC, and other requirements as determined by the medical director of the LEMSA.

1. set up and maintain thoracic drainage systems;
2. set up and maintain mechanical ventilators;
3. set up and maintain IV fluid delivery pumps and devices;

4. blood and blood products;
5. glycoprotein IIB/IIIA inhibitors;
6. heparin IV;
7. nitroglycerin IV;
8. norepinephrine;
9. thrombolytic agents;
10. maintain total parenteral nutrition;

**(2) Local Optional Scope of Practice:**

(A) Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use, in the professional judgment of the medical director of the LEMSA, that have been approved by the Director of the Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.

(B) The medical director of the LEMSA shall submit Form #EMSA-0391, Revised 03/18/03 to, and obtain approval from, the Director of the Authority in accordance with Section 1797.172 (b) of the Health and Safety Code for any procedures or medications proposed for use pursuant to this subsection prior to implementation of these medication(s) and or procedure(s).

(C) The Authority shall, within fourteen (14) days of receiving the request, notify the medical director of the LEMSA submitting request Form #EMSA-0391 that the request form has been received, and shall specify what information, if any, is missing.

(D) The Director of the Authority, in consultation with the Emergency Medical Directors Association of California's Scope of Practice Committee, shall approve or disapprove the request for additional procedures and/or medications and notify the LEMSA medical director of the decision within ninety (90) days of receipt of the completed request. Approval is for a three (3) year period and may be renewed for another three (3) year period, based on evidence from a written request that includes at a minimum the utilization of the procedure(s) or medication(s), beneficial effects, adverse reactions or complications, appropriate statistical evaluation, and general conclusion.

(E) The Director of the Authority, in consultation with a committee of the LEMSA medical directors named by the Emergency Medical Directors Association of California, may suspend or revoke approval of any previously approved additional procedure(s) or medication(s) for cause.

(d) The medical director of the LEMSA may develop policies and procedures or establish standing orders allowing the paramedic to initiate any paramedic activity in the approved scope of practice without voice contact for medical direction from a physician or mobile intensive care nurse (MICN), provided that an EMSQIP, as specified in Chapter 12 of this Division, is in place.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.185, 1797.192, 1797.195 and 1797.214, Health and Safety Code. Reference: Sections 1797.172 and 1797.185, Health and Safety Code.

**§ 100147. Paramedic Trial Studies.**

A paramedic may perform any prehospital emergency medical care treatment procedure(s) or administer any medication(s) on a trial basis when approved by the medical director of the LEMSA and the Director of the Authority.

(a) The medical director of the LEMSA shall review a trial study plan, which at a minimum shall include the following:

(1) A description of the procedure(s) or medication(s) proposed, the medical conditions for which they can be utilized, and the patient population that will benefit.

(2) A compendium of relevant studies and material from the medical literature.

(3) A description of the proposed study design including the scope of the study and method of evaluating the effectiveness of the procedure(s) or medication(s), and expected outcome.

(4) Recommended policies and procedures to be instituted by the LEMSA regarding the use and medical control of the procedure(s) or medication(s) used in the study.

(5) A description of the training and competency testing required to implement the study.

(b) The medical director of the LEMSA shall appoint a local medical advisory committee to assist with the evaluation and approval of trial studies. The membership of the committee shall be determined by the medical director of the LEMSA, but shall include individuals with knowledge and experience in research and the effect of the proposed study on the EMS system.

(c) The medical director of the LEMSA shall submit the proposed study and send a copy of the proposed trial study plan at least forty-five (45) days prior to the proposed initiation of the study to the Director of the Authority for approval in accordance with the provisions of section 1797.172 of the Health & Safety Code. The Authority shall inform the Commission on EMS (Commission) of studies being initiated.

(d) The Authority shall notify, within fourteen (14) days of receiving the request, the medical director of the LEMSA submitting its request for approval of a trial study that the request has been received, and shall specify what information, if any, is missing.

(e) The Director of the Authority shall render the decision to approve or disapprove the trial study within forty-five (45) days of receipt of all materials specified in subsections (a) and (b) of this section.

(f) The medical director of the LEMSA within eighteen (18) months of initiation of the procedure(s) or medication(s), shall submit a written report to the Commission which includes at a minimum the progress of the study, number of patients studied, beneficial effects, adverse reactions or complications, appropriate statistical evaluation, and general conclusion.

(g) The Commission shall review the above report within two (2) meetings and advise the Authority to do one of the following:

(1) Recommend termination of the study if there are adverse effects or no benefit from the study is shown.

(2) Recommend continuation of the study for a maximum of eighteen (18) additional months if potential but inconclusive benefit is shown.

(3) Recommend the procedure, or medication, be added to the paramedic basic or local optional scope of practice.

(h) If option (g)(2) is selected, the Commission may advise continuation of the study as structured or alteration of the study to increase the validity of the results.

(i) At the end of the additional eighteen (18) month period, a final report shall be submitted to the Commission with the same format as described in (f) above.

(j) The Commission shall review the final report and advise the Authority to do one of the following:

(1) Recommend termination or further extension of the study.

(2) Recommend the procedure or medication be added to the paramedic basic or local optional scope of practice.

(k) The Authority may require the trial study(ies) to cease after thirty-six (36) months.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.3, 1797.172 and 1797.221, Health and Safety Code.

#### **§ 100148. Responsibility of the LEMSA.**

The LEMSA that authorizes an ALS program shall establish policies and procedures approved by the medical director of the LEMSA that shall include:

(a) Approval, denial, revocation of approval, suspension, and monitoring of training programs, base hospitals or alternative base stations, and paramedic service providers.

(b) Assurance of compliance with provisions of this Chapter by the paramedic program and the EMS system.

(c) Submission to the Authority, as changes occur, of the following information on the approved paramedic training programs:

(1) Name of program director and/or program contact;

(2) Address, phone number, and facsimile number;

(3) Date of approval, date classes will initially begin, and date of expiration.

(d) Development or approval, implementation and enforcement of policies for medical control, medical accountability, and an EMSQIP of the paramedic services, including:

(1) Treatment and triage protocols.

(2) Patient care record and reporting requirements.

(3) Medical care audit system.

(4) Role and responsibility of the base hospital and paramedic service provider.

(e) System data collection and evaluation.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172, 1797.178, 1797.200, 1797.202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100, Health and Safety Code.

### **Article 3. Program Requirements for Paramedic Training Programs**

#### **§ 100149. Approved Training Programs.**

(a) An approved paramedic training program or an institution eligible for paramedic training program approval, as defined in Section 100149(i) of this Chapter, may provide



CCP training upon approval by the paramedic training program approving authority.

The purpose of a paramedic training program shall be:

(1) to prepare individuals to render prehospital ALS within an organized EMS system;  
and

(2) to prepare individuals to render critical care transport within an organized EMS system

(b) By January 1, 2004, all paramedic training programs approved by a paramedic training program approving authority prior to January 1, 2000, shall be accredited and maintain current accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), in order to continue to operate as an approved paramedic training program.

(c) All paramedic training programs approved by a paramedic training program approving authority January 1, 2000, or thereafter shall submit their application, fee, and self study to CoAEMSP for accreditation within twelve (12) months of the start up of classes and receive and maintain CAAHEP accreditation no later than two (2) years from the date of application to CoAEMSP for accreditation in order to continue to operate as an approved paramedic training program.

(d) Paramedic training programs approved according to the provisions of this Chapter shall provide the following information to all their paramedic training program applicants prior to the applicants' enrollment in the paramedic training program:

(1) The date by which the paramedic training program must submit their application and self study for initial accreditation or their application for accreditation renewal to CoAEMSP.

(2) The date by which the paramedic training program must be initially accredited or have their accreditation renewed by CAAHEP.

(3) Failure of the paramedic training program to submit their application and self study or their accreditation renewal to CoAEMSP by the date specified will result in closure of the paramedic training program by their respective paramedic training program approving authority, unless the paramedic training program approving authority has approved a plan for meeting compliance as provided in Section 100157 of this Chapter. When a paramedic training program approval is revoked under this provision, the paramedic training program course director must demonstrate to the satisfaction of their respective paramedic training program approving authority that the deficiency for which the paramedic training program approval was revoked has been rectified before submitting a new application for paramedic training program approval.

(4) Failure of the paramedic training program to obtain or maintain CAAHEP accreditation by the required date will result in closure of the paramedic training program by their respective paramedic training program approving authority, unless the paramedic training program approving authority has approved a plan for meeting compliance as provided in Section 100157 of this Chapter. When a paramedic training program approval has been revoked under this provision, the paramedic training

program course director must demonstrate to the satisfaction of their respective paramedic training program approving authority that the deficiency for which the paramedic training program approval was revoked has been rectified before submitting a new application for paramedic training program approval.

(5) Students graduating from a paramedic training program that fails to apply for accreditation with, receive accreditation from, or maintain accreditation with, CAAHEP by the dates required will not be eligible for state licensure as a paramedic.

(e) Paramedic training programs shall submit to their respective paramedic training program approving authority all documents submitted to, and received from, CoAEMSP and CAAHEP for accreditation, including but not limited to, the initial application and self study for accreditation and the documents required for maintaining accreditation.

(f) Paramedic training programs shall submit to the Authority the date their initial application was submitted to CoAEMSP and copies of documentation from CoAEMSP and/or CAAHEP verifying accreditation.

(g) Paramedic training program approving authorities shall revoke approval, in accordance with Section 100157 of this Chapter, of any paramedic training program which fails to comply with subsections (b) through (e) of this Section.

(h) Approved paramedic training programs shall participate in the EMSQIP of their respective paramedic training program approving authority. In addition, an approved paramedic training program, which is conducting a paramedic training program outside the jurisdiction of their approving authority, shall also agree to participate in the EMSQIP of the LEMSA which has jurisdiction where the paramedic training program is being conducted.

(i) Eligibility for program approval shall be limited to the following institutions:

(1) Accredited universities, colleges, including junior and community colleges, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary Education.

(2) Medical training units of a branch of the Armed Forces or Coast Guard of the United States.

(3) Licensed general acute care hospitals which meet the following criteria:

(A) Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of Division 5;

(B) Provide continuing education (CE) to other health care professionals; and

(C) are accredited by a Centers for Medicare and Medicaid Services approved deeming authority.

(4) Agencies of government.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173, 1797.208 and 1797.213, Health and Safety Code.

#### **§ 100150. Teaching Staff.**

(a) Each training program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years

experience in prehospital care in the last five (5) years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:

(1) Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.

(2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

(3) Approval of provision for hospital clinical and field internship experiences.

(4) Approval of principal instructor(s).

(b) Each training program shall have an approved course director who shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years. Duties of the course director shall include, but not be limited to:

(1) Administration, organization and supervision of the educational program.

(2) In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.

(3) Ensure training program compliance with this chapter and other related laws.

(4) Sign all course completion records.

(5) Ensure that the preceptor(s) are trained according to the curriculum in subsection (e)(4).

(c) Each training program shall have a principal instructor(s), who may also be the program medical director or course director if the qualifications in subsections (a) and (b) are met, who shall:

(1) Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.

(2) Be knowledgeable in the course content of the United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077A, January 2009, herein incorporated by reference; and

(3) Have six years (6) experience in an allied health field and an associate degree or two (2) years experience in an allied health field and a baccalaureate degree.

(4) Be responsible for areas including, but not limited to, curriculum development, course coordination, and instruction.

(5) Be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty (40) hours of instruction in

teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:

- (A) California State Fire Marshal (CSFM) "Training Instructor 1A, 1B, and 1C",
- (B) National Fire Academy (NFA) "Fire Service Instructional Methodology" course, and
- (C) A course that meets the U. S. Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the National Association of EMS Educators' EMS Educator Course.
- (d) Each CCP training program shall have a principal instructor(s) who shall be licensed in California as a physician and knowledgeable in the subject matter, a registered nurse knowledgeable in the subject matter, or a paramedic with current CCP certification or FP certification from the BCCTPC.
- (e) Each training program may have a teaching assistant(s) who shall be an individual(s) qualified by training and experience to assist with teaching of the course. A teaching assistant shall be supervised by a principal instructor, the course director and/or the program medical director.
- (f) Each paramedic training program shall have a field preceptor(s) who shall:
  - (1) Be a certified or licensed paramedic; and
  - (2) Be working in the field as a certified or licensed paramedic for the last two (2) years; and
  - (3) Be under the supervision of a principal instructor, the course director and/or the program medical director.
  - (4) Have completed field preceptor training approved by the LEMSA and/or comply with the field preceptor guidelines approved by the LEMSA. Training shall include a curriculum that will result in the preceptor being competent to evaluate the paramedic student during the internship phase of the training program, and how to do the following in cooperation with the paramedic training program:
    - (A) Conduct a daily field evaluation of students.
    - (B) Conduct cumulative and final field evaluations of all students.
    - (C) Rate students for evaluation using written field criteria.
    - (D) Identify ALS contacts and requirements for graduation.
    - (E) Identify the importance of documenting student performance.
    - (F) Review field preceptor requirements contained in this Chapter.
    - (G) Assess student behaviors using cognitive, psychomotor, and affective domains.
    - (H) Create a positive and supportive learning environment.
    - (I) Measure students against the standard of entry level paramedics.
    - (J) Identify appropriate student progress.
    - (K) Counsel the student who is not progressing.
    - (L) Identify training program support services available to the student and the preceptor.
    - (M) Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease or hazardous material.
- (g) Each training program shall have a hospital clinical preceptor(s) who shall:

- (1) Be a physician, registered nurse or physician assistant currently licensed in the State of California.
- (2) Have worked in emergency medical care for the last two (2) years.
- (3) Be under the supervision of a principal instructor, the course director, and/or the program medical director.
- (4) Receive instruction in evaluating paramedic students in the clinical setting. Means of instruction may include, but need not be limited to, educational brochures, orientation, training programs, or training videos, and shall include how to do the following in cooperation with the paramedic training program:
  - (A) Evaluate a student's ability to safely administer medications and perform assessments.
  - (B) Document a student's performance.
  - (C) Review clinical preceptor requirements contained in this Chapter.
  - (D) Assess student behaviors using cognitive, psychomotor, and affective domains.
  - (E) Create a positive and supportive learning environment.
  - (F) Identify appropriate student progress.
  - (G) Counsel the student who is not progressing.
  - (H) Provide guidance and applicable procedures for dealing with an injured student or student who has had an exposure to illness, communicable disease or hazardous material.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.  
Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

#### **§ 100151. Didactic and Skills Laboratory.**

An approved paramedic training program and/or CCP training program shall assure that no more than six (6) students are assigned to one instructor/teaching assistant during skills practice/laboratory.

NOTE: Authority cited: 1797.107, 1797.172 and 1797.173, Health and Safety Code.  
Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

#### **§ 100152. Hospital Clinical Education and Training for Paramedic.**

(a) An approved paramedic training program shall provide for and monitor a supervised clinical experience at a hospital(s) that is licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by the LEMSA. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours specified in Section 100159(a)(2).

(b) Hospital clinical training, for an approved CCP training program, should consist of no less than ninety-four hours (94) in the following areas:

- (1) Labor & Delivery (8 hours),
- (2) Neonatal Intensive Care (16 hours),

- (3) Pediatric Intensive Care (16 hours),
- (4) Adult Cardiac Care (16 hours),
- (5) Adult Intensive Care (24 hours),
- (6) Adult Respiratory Care (6 hours), and
- (7) Emergency/ Trauma Care (8 hours).

(c) An approved paramedic training program and/or CCP training program shall not enroll any more students than the training program can commit to providing a clinical internship to begin no later than thirty (30) days after a student's completion of the didactic and skills instruction portion of the training program. The paramedic training program course director and/or CCP training program course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.).

(d) Training programs, both paramedic and CCP, in nonhospital institutions shall enter into a written agreement(s) with a licensed general acute care hospital(s) that holds a permit to operate a basic or comprehensive emergency medical service for the purpose of providing this supervised clinical experience.

(e) Paramedic clinical training hospital(s) and other expanded settings shall provide clinical experience, supervised by a clinical preceptor(s). The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by the LEMSAs medical director and the director of the Authority, to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric, and pediatric patients.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

### **§ 100153. Field Internship.**

(a) A field internship shall provide emergency medical care experience supervised at all times by an authorized field preceptor to result in the paramedic student being competent to provide the medical procedures, techniques, and medications specified in Section 100146, in the prehospital emergency setting within an organized EMS system.

(b) An approved paramedic training program shall enter into a written agreement with a paramedic service provider(s) to provide for field internship, as well as for a field preceptor(s) to directly supervise, instruct, and evaluate the students. The assignment of a student to a field preceptor shall be a collaborative effort between the training program and the provider agency. If the paramedic service provider is located outside the jurisdiction of the paramedic training program approving authority, then the training program shall do the following:

- (1) in collaboration with the LEMSA in which the field internship will occur, ensure that the student has been oriented to that LEMSA, including local policies and procedures and treatment protocols,
- (2) contact the LEMSA where the paramedic service provider is located and report to that LEMSA the name of the paramedic intern in their jurisdiction, the name of the EMS provider, and the name of the preceptor. The paramedic intern shall be under the medical control of the medical director of the LEMSA in which the internship occurs.
- (c) The training program shall be responsible for ensuring that the field preceptor has the experience and training as required in Section 100150(g)(1)-(4).
- (d) The paramedic training program shall not enroll any more students than the training program can commit to providing a field internship to begin no later than ninety (90) days after a student's completion of the hospital clinical education and training portion of the training program. The training program director and a student may mutually agree to a later date for the field internship to begin in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.).
- (e) For at least half of the ALS patient contacts specified in Section 100159(b), the paramedic student shall be required to provide the full continuum of care of the patient beginning with the initial contact with the patient upon arrival at the scene through release of the patient to a receiving hospital or medical care facility.
- (f) All interns shall be continuously monitored by the training program, in collaboration with the assigned field preceptor, regardless of the location of the internship, as described in written agreements between the training program and the internship provider. The training program shall document a student's progress, based on the assigned field preceptor's input, and identify specific weaknesses of the student, if any, and/or problems encountered by, or with, the student. Documentation of the student's progress, including any identified weaknesses or problems, shall be provided to the student at least twice during the student's field internship.
- (g) No more than one (1) EMT trainee, of any level, shall be assigned to a response vehicle at any one time during the paramedic student's field internship.
- NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

#### **§ 100154. Procedure for Training Program Approval.**

- (a) Eligible training institutions shall submit a written request for training program approval to the paramedic training program approving authority. A paramedic training program approving authority may deem a training program approved that has been accredited by the CAAHEP upon submission of proof of such accreditation, without requiring the paramedic training program to submit for review the information required in subsections (b) and (c) of this section.
- (b) The paramedic training program approving authority shall receive and review the following prior to program approval:

- (1) A statement verifying that the course content meets the requirements contained in the U. S. DOT National Education Standards DOT HS 811 077A January 2009.
  - (2) A statement verifying that the CCP training program course content meets the requirements contained in Section 100160(b) of this Chapter. The CCP training program must also verify compliance with Subsections (b)(3)-(b)(6) and (b)(8)-(b)(9) of this Section.
  - (3) An outline of course objectives.
  - (4) Performance objectives for each skill.
  - (5) The name and qualifications of the training program course director, program medical director, and principal instructors.
  - (6) Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
  - (7) Provisions for supervised field internship including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
  - (8) The location at which the courses are to be offered and their proposed dates.
  - (9) Written agreements between the paramedic training program and a hospital(s) and other clinical setting(s), if applicable, for student placement for clinical education and training.
  - (10) Written contracts or agreements between the paramedic training program and a provider agency(ies) for student placement for field internship training.
  - (c) The paramedic training program approving authority shall review the following prior to program approval:
    - (1) Samples of written and skills examinations administered by the training program for periodic testing.
    - (2) A final written examination administered by the training program.
    - (3) Evidence that the training program provides adequate facilities, equipment, examination security, and student record keeping.
  - (d) The paramedic training program approving authority shall submit to the Authority an outline of program objectives and eligibility on each training program being proposed for approval in order to allow the Authority to make the determination required by section 1797.173 of the Health and Safety Code. Upon request by the Authority, any or all materials submitted by the training program shall be submitted to the Authority.
- NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.  
Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

**§ 100155. Paramedic Training Program Approval.**

- (a) The paramedic training program approving authority shall, within thirty (30) working days of receiving a request for training program approval, notify the requesting training program that the request has been received, and shall specify what information, if any, is missing.
- (b) Paramedic training program approval or disapproval shall be made in writing by the



paramedic training program approving authority to the requesting training program after receipt of all required documentation. This time period shall not exceed three (3) months.

(c) The paramedic training program approving authority shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.

(d) Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval specified in this chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code; and section 15376, Government Code.

#### **§ 100156. Program Review and Reporting.**

(a) All program materials specified in this Chapter shall be subject to periodic review by the paramedic training program approving authority and may also be reviewed upon request by the Authority.

(b) All programs shall be subject to periodic on-site evaluation by the paramedic approving authority and may also be evaluated by the Authority.

(c) Any person or agency conducting a training program shall notify the paramedic training program approving authority in writing, in advance when possible, and in all cases within thirty (30) days of any change in course objectives, hours of instruction, course director, program medical director, principal instructor, provisions for hospital clinical experience, or field internship.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

#### **§ 100157. Withdrawal of Program Approval.**

(a) Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in denial, probation, suspension or revocation of program approval by the paramedic training program approving authority. Notification of noncompliance and action to place on probation, suspend or revoke shall be done as follows:

(1) A paramedic training program approving authority shall notify the approved training program course director in writing, by certified mail, of the provisions of this Chapter with which the paramedic training program is not in compliance.

(2) Within fifteen (15) days of receipt of the notification of noncompliance, the approved training program shall submit in writing, by certified mail, to the paramedic training program approving authority one of the following:

(A) Evidence of compliance with the provisions of this Chapter, or

(B) A plan for meeting compliance with the provisions of this Chapter within sixty (60) days from the day of receipt of the notification of noncompliance.

(3) Within fifteen (15) days of receipt of the response from the approved training program, or within thirty (30) days from the mailing date of the noncompliance notification if no response is received from the approved training program, the paramedic training program approving authority shall notify the Authority and the approved training program in writing, by certified mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the training program approval.

(4) If the paramedic training program approving authority decides to suspend or revoke the training program approval, the notification specified in subsection (a)(3) of this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than sixty (60) days from the date of the paramedic training program approving authority's letter of decision to the Authority and the training program.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172, 1797.208 and 1798.202, Health and Safety Code.

#### **§ 100158. Student Eligibility.**

(a) To be eligible to enter a paramedic training program an individual shall meet the following requirements:

- (1) Possess a high school diploma or general education equivalent; and
- (2) possess a current basic cardiac life support (CPR) card equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the healthcare provider level; and
- (3) possess a current EMT certificate or NREMT-Basic registration; or
- (4) possess a current AEMT certificate in the State of California; or
- (5) be currently registered as an EMT-Intermediate with the NREMT.

(b) To be eligible to enter a CCP training program an individual shall be currently licensed, and accredited, in California as a paramedic with three (3) years of basic paramedic practice.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

#### **§ 100159. Required Course Hours.**

(a) The total paramedic training program shall consist of not less than one thousand and ninety (1090) hours. These training hours shall be divided into:

- (1) A minimum of four-hundred and fifty (450) hours of didactic instruction and skills laboratories;
- (2) The hospital clinical training shall consist of no less than one-hundred and sixty (160) hours and the field internship shall consist of no less than four-hundred and eighty (480) hours.

(b) The student shall have a minimum of forty (40) ALS patient contacts during the field internship as specified in Section 100153. An ALS patient contact shall be defined as

the student performance of one or more ALS skills, except cardiac monitoring and CPR, on a patient.

(c) The minimum hours shall not include the following:

(1) Course material designed to teach or test exclusively EMT knowledge or skills including CPR.

(2) Examination for student eligibility.

(3) The teaching of any material not prescribed in section 100160 of this Chapter.

(4) Examination for paramedic licensure.

(d) The total CCP training program shall consist of not less than two-hundred and two (202) hours. These training hours shall be divided into:

(1) A minimum of one-hundred and eight (108) hours of didactic and skills laboratories; and

(2) No less than ninety-four (94) hours of hospital clinical training as prescribed in Section 100152(b) of this Chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Section 1797.172, Health and Safety Code.

#### **§ 100160. Required Course Content.**

(a) The content of a paramedic course shall meet the objectives contained in the U. S. Department of Transportation (DOT) National Emergency Medical Services Education Standards, DOT HS 811 077A, January 2009, to result in the paramedic being competent in the paramedic basic scope of practice specified in Section 100146(a) of this Chapter. The DOT HS 811 077A, can be accessed through the U.S. DOT National Highway Traffic Safety Administration at the following website address:

<http://www.ems.gov/education/nationalstandardandnecs.html>

(b) The content of the CCP course shall include:

1. Role of interfacility transport paramedic:

(A) Healthcare system

(B) Critical care vs. 9-1-1 system

(C) Integration and cooperation with other health professionals

(D) Hospital documentation and charts

(E) Physician orders vs. ALS protocols

2. Medical – legal issues:

(A) Emergency Medical Treatment and Active Labor Act (EMTALA)

(B) Health Insurance Portability and Accountability Act (HIPAA)

(C) Review of California paramedic scope of practice

(D) Consent issues

(E) Do Not Resuscitate (DNR) and Physicians Orders for Life-Sustaining Treatment (POLST)

3. Transport Fundamentals, Safety and Survival

(A) Safety of the work environment

(B) Transport vehicle integrity checks

(C) Equipment functionality checks

- (D) Transport mode evaluation, indications for critical care transport and policies
- (E) Aircraft Fundamentals and Safety
- (F) Flight Physiology
- (G) Mission safety decisions
- (H) Scene Safety and Post-accident duties at a crash site
- (I) Patient Packaging for transport
- (J) Crew Resource Management (CRM) & Air Medical Resource Management (AMRM)
- (K) Use of safety equipment while in transport
- (L) Passenger safety procedures (e.g., specialty teams, family, law enforcement, observer)
- (M) Hazard observation and correction during transport vehicle operation
- (N) Stressors related to transport (e.g., thermal, humidity, noise, vibration, or fatigue related conditions)
- (O) Corrective actions for patient stressors related to transport
- (P) Operational procedures:
  - (1) Dispatching and deployment
  - (2) Recognition of patients who require a higher level of care
    - a. What to do if you are not comfortable with a transport/ patient.
    - b. When a patient's needs exceed the staffing available on the unit.
  - (3) Review of specific county policies
  - (4) Obtaining and receiving reports from sending/ receiving facilities
  - (5) Re-calculating hanging dose prior to accepting patient
  - (6) Notification to receiving hospital while en route (cell phone)
    - a. Patient status
    - b. Estimated time of arrival (ETA)
  - (7) What to do if the patient deteriorates
  - (8) Diversion issues
  - (9) Wait and return calls – continuity of care issues
  - (10) Documentation
    - a. Patient consent forms
    - b. Physician order sheets
    - c. Critical care flow sheets

#### 4 Shock and multi-system organ failure

- (A) Pathophysiology of shock
- (B) Types of shock
- (C) Shock management
- (D) Multi-system organ failure
  - 1. Recognition and management of sepsis
  - 2. Recognition and management of disseminated intravascular coagulation (DIC)

#### 5. Basic Physiology for Critical Care Transport and Laboratory and Diagnostic Analysis

Laboratory values:

- (A) Arterial blood gases
  - 1. The potential hydrogen (pH) scale
  - 2. Bodily regulation of acid-base balance
  - 3. Practical evaluation of arterial blood gas results
- (B) Review of the following to include normal and abnormal values and implications
  - 1. Urinalysis
    - a. Normal output
    - b. Specific gravity
    - c. pH range
  - 2. Complete blood count (CBC)
    - a. Hematocrit and Hemoglobin (H&H)
    - b. Red blood cell (RBC)
    - c. White blood cell (WBC) with differential
    - d. Platelets
  - 3. Other
    - a. Albumin
    - b. Alkaline phosphate
    - c. Alanine transaminase (ALT)
    - d. Aspartate transaminase (AST)
    - e. Bilirubin
    - f. Calcium
    - g. Chloride
    - h. Creatine Kinase (CK) (total and fractions)
    - i. Creatinine
    - j. Glucose
    - k. Lactate
    - l. Lactic dehydrogenase (LDH)
    - m. Lipase
  - 4. Magnesium
  - 5. Phosphate
  - 6. Potassium
  - 7. Procalcitonin
  - 8. Protein, total
  - 9. Prothrombin Time (PT) and Activated Partial Thromboplastin Time (PTT)
  - 10. Sodium
  - 11. Troponin
  - 12. Urea nitrogen
- (C) Practical application of laboratory values to patient presentations
- (D) Use of laboratory devices for point of care testing (eg: ISTAT)
- (E) Radiographic Interpretation
- (F) Wherever appropriate, the above education should include information regarding radiographic findings, pertinent laboratory and bedside testing, and pharmacological interventions

## 6. Critical Care Pharmacology and Infusion Therapy

### Pharmacology and infusion therapies:

(A) Review of common medications encountered in the critical care environment to include those in the following categories:

1. Analgesics
2. Antianginals
3. Antiarrhythmics
4. Antibiotics
5. Anticoagulants
6. Antiemetics
7. Anti-inflammatory agents
8. Antihypertensives
9. Antiplatelets
10. Antitoxins
11. Benzodiazepines
12. Bronchodilators
13. Glucocorticoids
14. Glycoprotein IIb/IIIa inhibitors
15. Histamine Blockers (1 and 2)
16. Induction agents
17. Neuroleptics
18. Osmotic diuretics
19. Paralytics
20. Proton Pump Inhibitors
21. Sedatives
22. Thrombolytics
23. Total Parenteral Nutrition
24. Vasopressors
25. Volume expanders

(B) Review of drug calculation mathematics

1. IV bolus medication
2. IV infusion rates
  - a. By volume
  - b. By rate

(C) Detailed instruction (drug action and indications, dosages, IV calculation, adverse reactions, contraindications and precautions) on following medications:

1. IV nitroglycerin (NTG)
2. Heparin
3. Potassium chloride (KCl) infusion
4. Lidocaine

(D) Blood and blood products

1. Blood components and their uses in therapy
2. Administrative procedures

3. Administration of blood products
4. Transfusion reactions – recognition, management
- (E) Infusion pumps:
  1. Set up and maintain IV fluid and medication delivery pumps and devices
  2. Discussion of various pumps that may be encountered
  3. Discussion of prevention of “run-away” IV lines while transitioning
  4. Practical application of transfer of IV infusions, setting drip rates and troubleshooting
- (F) Procedures to be used when re-establishing IV lines
  1. Hemodynamic monitoring and invasive lines:
    - a. Non-invasive monitoring
      - 1) Non-invasive blood pressure (NIBP)
      - 2) Pulse oximetry
      - 3) Capnography
      - 4) Heart and bowel sound auscultation
    - b. Intraosseous (IO) access and infusion - the student must demonstrate competency in the skill of IO infusion
    - c. Central Venous Access
      - 1) Subclavian - the student must demonstrate competency in the skill of subclavian access.
      - 2). Internal jugular - the student must demonstrate competency in the skill of internal jugular access.
      - 3) Femoral approach - the student must demonstrate competency in the skill of femoral access.
6. Respiratory Patient Management
  - (A) Pulmonary anatomy and physiology
    1. Upper and lower airway anatomy
    2. Mechanics of ventilation and oxygenation
    3. Gas Exchange
    4. Oxyhemoglobin dissociation
  - (B) Detailed assessment of the respiratory patient
    1. Obtaining a relevant history
    2. Physical exam
    3. Breath sounds
    4. Percussion
  - (C) Causes, pathophysiology, and stages of respiratory failure
  - (D) Assessment and management of patients with respiratory compromise
    1. Respiratory failure
    2. Atelectasis
    3. Pneumonia
    4. Pulmonary embolism
    5. Pneumothorax
    6. Spontaneous pneumothorax

- 7. Hemothorax
- 6. Pleural effusion
- 7. Pulmonary edema
- 8. Chronic obstructive pulmonary disease
- 9. Adult respiratory distress syndrome (ARDS)
- (E) Differential diagnosis of acute and chronic conditions
- (F) Management of patient status using
  - 1. Laboratory values, to include but not limited to,
    - a. Blood gas values,
    - b. Use of ISTAT
  - 2. Diagnostic equipment
    - a. Pulse oximetry,
    - b. Capnography
    - c. Chest radiography
    - d. CO-Oximetry (carbon monoxide measurement)
- (G) Application of pharmacologic agents for the respiratory patient
- (H) Management of complications during transport of the respiratory patient
- 7. Advanced Airway and Breathing Management Techniques
  - (A) Indications for basic and advanced airway management
    - 1. Crash airway assessment and management
    - 2. Deteriorating airway assessment and management
  - (B) Indications, contraindications, complications, and management for specific airway and breathing interventions
    - 1. Needle Cricothyroidotomy
    - 2. Surgical Cricothyroidotomy - the student must demonstrate competency in the skill of surgical cricothyroidotomy.
    - 3. Tracheostomies
      - a. Types of tracheostomies
      - b. Tracheostomy care
    - 4. Endotracheal intubation – adult, pediatric, and neonatal
      - a. Nasotracheal intubation
      - b. Rapid Sequence Intubation (RSI) – the student must demonstrate competency in the skill of RSI.
      - c. Perilaryngeal airway devices
        - 1) Combitube
        - 2) King Airway
        - 3) Supraglottic airway devices
        - 4) Laryngeal mask airway devices
  - 5. Pleural decompression
  - 6. Chest tubes
    - a. Set up and maintain thoracic drainage systems
    - b. Operation of and troubleshooting
    - c. Indications for and positioning of dependent tubing



- d. Varieties available
  - e. Gravity drainage
  - f. Suction drainage
  - g. On-going assessments of drainage amount and color
- 7. Portable ventilators
  - a. Principles of ventilator operation
  - b. Set-up and maintain mechanical ventilation devices
  - c. Procedures for transferring ventilator patients
  - d. Complications of ventilator management
  - e. Troubleshooting and practical application
- C. Perform advanced airway and breathing management techniques
  - 1. Endotracheal intubation – adult, pediatric, and neonatal
  - 2. Nasotracheal intubation
  - 3. Rapid Sequence Intubation (RSI)
  - 4. Pleural decompression
- D. Failed airway management and algorithms
- E. Perform alternative airway management techniques
  - 1. Needle Cricothyroidotomy
  - 2. Surgical Cricothyroidotomy
  - 3. Retrograde intubation
  - 4. Perilaryngeal airway devices
  - 5. Supraglottic airway devices
  - 6. Laryngeal mask airway devices
- F. Airway management and ventilation monitoring techniques during transport
- G. Use of mechanical ventilation
- H. Administer pharmacology agent for continued airway management
- 8. Cardiac Patient Management
  - (A) Cardiac Anatomy and Physiology and Pathophysiology
  - (B) Detailed Assessment of the Cardiac Patient
  - (C) Assessment and Management of patients with cardiac events
    - 1. Acute coronary syndromes,
    - 2. Heart failure,
    - 3. Cardiogenic shock,
    - 4. Primary arrhythmias,
    - 5. Hemodynamic instability
    - 6. Vascular Emergencies
  - (D) Invasive monitoring (use, care, and complication management)
    - 1. Arterial
    - 2. Central venous pressure (CVP)
  - (E) Vascular access devices usage and maintenance
  - (F) Dressing and site care
  - (G) Management of complications
  - (H) Manage patient's status using

1. laboratory values (e.g., blood gas values, ISTAT)
2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
3. 12-lead EKG interpretation:
  - a. Essential 12-lead interpretation
  - b. Acquisition and transmission
  - c. Acute coronary syndromes
  - d. The high acuity patient
  - e. Bundle branch block and the imitators of acute coronary syndrome (ACS)
  - f. Theory and Use of cardiopulmonary support devices as part of patient management
    - 1) Ventricular assist devices,
    - 2) Transvenous pacer,
    - 3) Intra-aortic balloon pump
  - g. Application of Pharmacologic agents in Cardiac Emergencies
  - h. Management of complications of cardiac patients
  - i. Implanted cardioverter defibrillators:
    - 1) Eligible populations
    - 2) Mechanism
    - 3) Complications and patient management
  - j. Cardiac pacemakers
    - 1) Normal operations, troubleshooting and loss of capture
      - a). Implanted devices
      - b). Unipolar and bipolar
    - (2) Temporary pacemakers
    - (3) Transcutaneous pacing
9. Trauma Patient Management
  - (A) Differentiate injury patterns associated with specific mechanisms of injury
  - (B) Rate a trauma victim using the Trauma Score, to include but not be limited to glasgow coma score, injury severity score, and revised trauma score
  - (C) Identify patients who meet trauma center criteria
  - (D) Perform a comprehensive assessment of the trauma patient
  - (E) Initiate the critical interventions for the management of the trauma patient
    1. Manage the patient with life-threatening thoracic injuries
      - a. Tension pneumothorax,
      - b. Pneumothorax,
      - c. Hemothorax,
      - d. Flail chest,
      - e. Cardiac tamponade,
      - f. Myocardial rupture
    2. Manage the patient with abdominal injuries
      - a. diaphragm,
      - b. liver,
      - c. spleen

3. Manage the patient with orthopedic injuries (e.g. pelvic, femur, spinal)
4. Manage the patient with neurologic injuries
  - a. Subdural,
  - b. Epidural,
  - c. Increased ICP
- (F) Manage patient's status using
  1. laboratory values (e.g., blood gas values, ISTAT)
  2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
- (G) Application of pharmacologic agents for trauma management
- (H) Manage trauma patient emergencies and complications
  1. the student must demonstrate competency in the skill of chest tube thoracostomy.
  2. The student must demonstrate competency in the skill of pericardiocentesis,
- (I) Administer blood and blood products
- (J) Trauma considerations:
  1. Trauma assessment,
  2. Adult thoracic & abdominal trauma,
  3. Vascular trauma,
  4. Musculoskeletal trauma,
  5. Burns,
  6. Ocular trauma,
  7. Maxillofacial trauma,
  8. Penetrating & blunt trauma,
  9. Distributive & hypovolemic shock states,
  - 10 Trauma Systems & Trauma Scoring, and
  11. Kinematics of trauma & injury patterns.
10. Neurologic Patient Management
  - (A) Perform an assessment of the patient
  - (B) Conduct differential diagnosis of patients with coma
  - (C) Manage patients with seizures
  - (D) Manage patients with cerebral ischemia
  - (E) Initiate the critical interventions for the management of a patient with a neurologic emergency
  - (F) Provide care for a patient with a neurologic emergency
    1. Trauma neurological emergencies
    2. Medical neurological emergencies
    3. Cerebrovascular Accidents,
    4. Neurological shock states
  - (G) Assess a patient using the Glasgow coma scale
  - (H) Manage patients with head injuries
  - (I) Manage patients with spinal cord injuries
  - (J). Manage patient's status using
    1. laboratory values (e.g., blood gas values, ISTAT)

- 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
- (K) Intracranial Pressure monitoring.
- (L) Application of pharmacologic agents for neurologic patients
- (M). Manage neurologic patient complications
- 11. Toxic Exposure and Environmental Patient Management
  - (A) Toxic Exposure Patient
    - 1. Perform a detailed assessment of the patient
    - 2. Decontaminate toxicological patients (e.g., chemical/biological/radiological exposure)
    - 3. Administer poison antidotes
    - 4. Provide care for victims of envenomation
      - a. Snake bite,
      - b. Scorpion sting,
      - c. Spider bite
    - 5. Manage patient's status using
      - a. Laboratory values (e.g., blood gas values, ISTAT)
      - b. Diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
    - 6. Administer pharmacologic agents
    - 7. Manage toxicological patients
      - a. Medication overdose,
      - b. Chemical/biological/radiological exposure
    - 8. Manage toxicological patient complications
  - (B) Environmental Patient
    - 1. Perform an assessment of the patient
    - 2. Manage the patient experiencing a cold-related illness
      - a. Frostbite,
      - b. Hypothermia,
      - c. Cold water submersion
    - 3. Manage the patient experiencing a heat-related illness
      - a. Heat stroke,
      - b. Heat exhaustion,
      - c. Heat cramps
    - 4. Manage the patient experiencing a diving-related illness
      - a. Decompression sickness,
      - b. Arterial gas emboli,
      - c. Near drowning
    - 5. Manage the patient experiencing altitude-related illness
    - 6. Manage patient's status using
      - a. laboratory values (e.g., blood gas values, ISTAT)
      - b. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
    - 7. Application for pharmacologic agents for toxic exposure and environmental

- patients
- 8. Treat patient with environmental complications
- (C) Toxicology:
  - 1. Toxic exposures,
  - 2. Poisonings,
  - 3. Overdoses,
  - 4. Envenomations,
  - 5. Anaphylactic shock, and
  - 6. Infectious diseases.
- 12. Obstetrical Patient Management
  - (A) Perform a detailed assessment of the patient
  - (B) Assess and Manage fetal distress
  - (C) Manage obstetrical patients
  - (D) Assess uterine contraction pattern
  - (E) Conduct interventions for obstetrical emergencies and complications
    - 1. Pregnancy induced hypertension,
    - 2. Hypertonic or titanic contractions,
    - 3. Cord prolapse,
    - 4. Placental abruption
    - 5. Severe preeclampsia involving hemolysis, elevated liver function, and low platelets (HELLP) syndrome.
  - (F) Determine if transport can safely be attempted or if delivery should be accomplished at the referring facility
  - (G) Manage patient's status using
    - 1. laboratory values (e.g., blood gas values, ISTAT)
    - 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
  - (H) Application of pharmacologic agents for obstetrical patient management
  - (I) Manage emergent delivery and post-partum complications
  - (J) Special Considerations in Obstetrics (OB)/ Gynecology (GYN) Patients
    - 1. Trauma in pregnancy,
    - 2. Renal disorders,
    - 3. Reproductive system disorders
- 13. Neonatal and Pediatric Patient Management
  - (A) Neonatal Patient
    - 1. Perform a detailed assessment of the neonatal patient
      - a. Management & delivery of the full-term or pre-term newborn,
      - b. Management of the complications of delivery
    - 2. Manage the resuscitation of the neonate, including
      - a. Umbilical artery catheterization – the student must demonstrate the skill of umbilical catheterization.
      - b. Neonatal Resuscitation Program & Pediatric Advanced Life Support.
    - 3. Manage patient's status using diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)

4. Application of pharmacologic agents for neonatal patient management
5. Manage neonatal patient complications
- (B) Pediatric Patient
  1. Perform a detailed assessment of the pediatric patient
  2. Manage the pediatric patient experiencing a medical event
    - a. Respiratory
    - b. Toxicity
    - c. Cardiac
    - d. Environmental
    - e. Gastrointestinal (GI)
    - f. Endocrine/Metabolic
    - f. Neurological
    - g. Infectious processes
  3. Manage the pediatric patient experiencing a traumatic event
    - a. Single vs. multiple system
    - b. Burns
    - c. Non-accidental trauma
  4. Manage patient's status using
    - a. laboratory values (e.g., blood gas values, ISTAT)
    - b. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
    - c. Application of pharmacologic agents for pediatric patient management
    - d. Treat patient with pediatric complications
  5. Considerations for Special needs children.
14. Burn Patient Management
  - (A) Perform a detailed assessment of the patient
  - (B) Calculate the percentage of total body surface area burned
  - (C) Manage fluid replacement therapy
  - (D) Manage inhalation injuries in burn injury patients
  - (E) Manage patient's status using
    1. laboratory values (e.g., blood gas values, ISTAT)
    2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
  - (F) Application of pharmacologic agents for burn patient management
  - (G) Provide treatment of burn complications - the student must demonstrate competency in the skill of escharotomy.
15. General Medical Patient Management
  - (A) Perform an assessment of the patient
  - (B). Manage patients experiencing a medical condition
    1. Abdominal aortic aneurysm (AAA),
    2. GI bleed,
    3. Bowel obstruction,
    4. Hyperosmolar Hyperglycemic Non-Ketotic Coma (HHNC)
    5. Septic shock,

- 6. Neurologic emergencies
- 7. Hypertensive emergencies,
- 8. Environmental emergencies,
- 9. Coagulopathies,
- 10. Endocrine emergencies,
- (C) Use of invasive monitoring for the purpose of clinical management
- (D) Manage patient's status using
  - 1. laboratory values (e.g., blood gas values, ISTAT)
  - 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
- (E) Application of pharmacologic agents for general medical patient management
- (F) Treat patient with general medical complications
- (G). Transport considerations of patients with renal or peritoneal dialysis
- (H) Transport of Patients with Infection Diseases:
  - 1 Pathogens
    - a. Human immunodeficiency virus (HIV)
    - b. Hepatitis
    - c. Vancomycin resistant enterococcus (VRE)
    - d. Multiple-antibiotic resistant bacteria (MRSA)
    - e. Tuberculosis (TB)
    - f. Immunocompromised
    - g. Others as appropriate
- (I) Transport and Management of Patients with Indwelling tubes
  - 1. Urinary
    - a. Foleys
    - b. Suprapubic
  - 2. Nasogastric (NG)
  - 3. Percutaneous endoscopic gastric (PEG)
  - 4. Dobhoff tube

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.  
 Reference: Sections 1797.172, 1797.173, 1797.185 and 1797.213, Health and Safety Code.

#### **§ 100161. Required Testing.**

- (a) Approved paramedic and CCP training programs shall include periodic examinations and final comprehensive competency-based examinations to test the knowledge and skills specified in this Chapter.
- (b) Successful performance in the clinical and field setting shall be required prior to course completion.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172, 1797.185, 1797.208, 1797.210 and 1797.213, Health and Safety Code.

#### **§ 100162. Course Completion Record.**

- (a) Approved paramedic training program and/or CCP training program shall issue a tamper resistant course completion record to each person who has successfully completed the paramedic training program and/or CCP training program. The course completion record shall be issued no later than ten (10) working days from the date of the student's successful completion of the paramedic training program and/or CCP training program.
  - (b) The course completion record shall contain the following:
    - (1) The name of the individual.
    - (2) The date of completion.
    - (3) The following statement:
      - (A) "The individual named on this record has successfully completed an approved paramedic training program", or
      - (B) "The individual named on this record has successfully completed an approved Critical Care Paramedic training program"
    - (4) The name of the paramedic training program or CCP training program approving authority, depending on the training program being taught.
    - (5) The signature of the course director.
    - (6) The name and location of the training program issuing the record.
    - (7) The following statement in bold print: **"This is not a paramedic license."**
    - (8) For paramedic training, a list of optional scope of practice procedures and/or medications approved pursuant to subsection (c) (2)(A)-(D) of Section 100146 taught in the course.
    - (9) For CCP training, a list of procedures and medications approved pursuant to subsection (c)(1)(S)(1-10) of Section 100146 taught in the course.
- NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.  
Reference: Section 1797.172, Health and Safety Code.

#### **Article 4. Applications and Examinations**

##### **§ 100163. Date and Filing of Applications.**

- (a) The Authority shall notify the applicant within thirty (30) days of receipt of the state application that the application was received and shall specify what information, if any, is missing. The types of applications which may be required to be submitted by the applicant are as follows:
  - (1) Application for Initial License (California Graduate), Form #L-01, Revised 7/2011, herein incorporated by reference.
  - (2) Application for Initial License of Out-of-State Candidates who are registered with the National Registry of Emergency Medical Technicians, Form #L-01A, Revised 7/2011, herein incorporated by reference.
  - (3) Application for License Renewal, Form #RL-01, Revised 6/2011, herein incorporated by reference.
  - (4) Application for Lapsed License Reinstatement:



(A) Lapsed Less than One Year, Form #RLL-01A, Revised 06/2012, herein incorporated by reference.

(B) Lapse of One Year or More, Form #RLL-01B, Revised 06/2012, herein incorporated by reference.

(5) Application for Challenge, Form #C L-01A, Revised 06/2012, herein incorporated by reference.

(6) Applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Applicant Submission Form, BCII 8016 (Rev 06/09), submitted to the California Department of Justice (DOJ), for a state and federal criminal history summary provided by the Department of Justice in accordance with the provisions of section 11105 et seq. of the Penal Code.

(7) Statement of Citizenship, Alienage, and Immigration Status For State Paramedic License Application /Renewal Form IS-01 (8/11), herein incorporated by reference.

(b) Applications for renewal of license shall be postmarked, hand delivered, or otherwise received by the Authority at least thirty (30) calendar days prior to expiration of current license. Applications postmarked, hand delivered or otherwise received by the Authority less than thirty (30) days prior to the expiration date of the current license will not cause the license to lapse but will require the applicant to pay a \$50 late fee, as specified in Section 100172(b)(4) of this Chapter.

(c) Eligible out-of-state applicants defined in section 100165(b) and eligible applicants defined in section 100165(c) of this Chapter who have applied to challenge the paramedic licensure process shall be notified by the Authority within forty-five (45) working days of receiving the application. Notification shall advise the applicant that the application has been received, and shall specify what information, if any, is missing.

(d) An application shall be denied without prejudice when an applicant does not complete the application, furnish additional information or documents requested by the Authority or fails to pay any required fees. An applicant shall be deemed to have abandoned an application if the applicant does not complete the requirements for licensure within one (1) year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

(e) A complete state application is a signed application submitted to the Authority that provides the requested information and is accompanied by the appropriate application fee(s). All statements submitted by or on behalf of an applicant shall be made under penalty of perjury.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Section 1797.172, Health and Safety Code.

#### **§ 100164. Written and Skills Examination.**

(a) Applicants shall comply with the procedures for examination established by the Authority and the NREMT and shall not violate or breach the security of the examination. Applicants found to have violated the security of the examination or

examination process as specified in section 1798.207 of the Health and Safety Code shall be subject to the penalties specified therein.

(b) Students enrolled in an accredited paramedic training program, or a paramedic training program with a current Letter of Review on file with the NREMT, shall be eligible to take the practical examination specified in Sections 100140 of this chapter upon successful completion of didactic and skills laboratory, and shall be eligible to take the written examination specified in Section 100141 when they have successfully completed the didactic, clinical, and field training and have met all the provisions of the approved paramedic training program.

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172, 1797.174 and 1797.185, Health and Safety Code. Reference: Sections 1797.7, 1797.172, 1797.185, 1797.214 and 1798.207, Health and Safety Code.

## **Article 5. Licensure**

### **§ 100165. Licensure.**

(a) In order to be eligible for initial paramedic licensure an individual shall meet the following requirements.

(1) Have a paramedic training program course completion record as specified in Section 100162 of this Chapter or other documented proof of successful completion of an approved paramedic training program within the last two years from the date of application to the Authority for paramedic licensure.

(2) Complete and submit the appropriate state application forms as specified in Section 100163.

(3) Provide documentation of successful completion of the paramedic licensure written and practical examinations specified in sections 100140, 100141, and 100164.

(4) Pay the established fees pursuant to Section 100172.

(b) An individual who possesses a current paramedic registration issued by the NREMT, shall be eligible for licensure when that individual fulfills the requirements of subsection (a)(2) and (4) of this section and successfully completes a field internship as defined in Sections 100153 and 100159(b).

(c) A physician, registered nurse or physician assistant currently licensed shall be eligible for paramedic licensure upon:

(1) providing documentation that their training is equivalent to the DOT HS 811 077A specified in Section 100160;

(2) successfully completing a field internship as defined in Sections 100153(a) and 100159(b); and,

(3) fulfilling the requirements of subsection (a)(2) through (a)(4) of this section.

(d) All documentation submitted in a language other than English shall be accompanied by a translation into English certified by a translator who is in the business of providing certified translations and who shall attest to the accuracy of such translation under penalty of perjury.

(e) The Authority shall issue within forty-five (45) calendar days of receipt of a complete application as specified in Section 100163(e) a wallet-sized license to eligible individuals who apply for a license and successfully complete the licensure requirements.

(f) The effective date of the initial license shall be the day the license is issued. The license shall be valid for two (2) years from the last day of the month in which it was issued.

(g) The paramedic shall be responsible for notifying the ~~EMS~~ Authority of her/his proper and current mailing address and shall notify the Authority in writing within thirty (30) calendar days of any and all changes of the mailing address, giving both the old and the new address, and paramedic license number.

(h) A paramedic may request a duplicate license if the individual submits a request in writing certifying to the loss or destruction of the original license, or the individual has changed his/her name. If the request for a duplicate card is due to a name change, the request shall also include documentation of the name change. The duplicate license shall bear the same number and date of expiration as the replaced license.

(i) An individual currently licensed as a paramedic by the provision of this section is deemed to be certified as an EMT and an AEMT, except when the paramedic license is under suspension, with no further testing required. If certificates are issued, the expiration date of the EMT or AEMT certification shall be the same expiration date as the paramedic license, unless the individual follows the EMT, or AEMT certification/recertification process as specified in Chapters 2 and 3 of this Division.

(j) An individual currently licensed as a paramedic by the provisions of this section may voluntarily deactivate his/her paramedic license if the individual is not under investigation or disciplinary action by the Authority for violations of Health and Safety Code Section 1798.200. If a paramedic license is voluntarily deactivated, the individual shall not engage in any practice for which a paramedic license is required, shall return his/her paramedic license to the Authority, and shall notify any LEMSA with which he/she is accredited as a paramedic or with which he/she is certified as an EMT-4 or AEMT that the paramedic license is no longer valid. Reactivation of the paramedic license shall be done in accordance with the provisions of Section 100167(b) of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185, 1797.194, 1798.200 and 1798.202, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.175, 1797.177, 1797.185, 1797.194 and 1798.200, Health and Safety Code and section 15376, Government Code.

#### **§ 100166. Accreditation to Practice.**

(a) In order to be accredited an individual shall:

(1) Possess a current California paramedic license.

(2) Apply to the LEMSA for accreditation.

(3) Successfully complete an orientation of the local EMS system as prescribed by the LEMSA which shall include policies and procedures, treatment protocols, radio

communications, hospital/facility destination policies, and other unique system features. The orientation shall not exceed eight (8) classroom hours, except when additional hours are needed to accomplish subsection (a)(4) of this section, and shall not include any further testing of the paramedic basic scope of practice. Testing shall be limited to local policies and treatment protocols provided in the orientation.

(4) Successfully complete training in any basic and/or local optional scope of practice for which the paramedic has not been trained and tested.

(5) Pay the established local fee pursuant to Section 100172.

(6) In order for an individual to be eligible for accreditation, in the LEMSA's CCP scope of practice, the individual must obtain and maintain CCP certification from the BCCTPC by July 1, 2015.

(b) If the LEMSA requires a supervised field evaluation as part of the local accreditation process, the field evaluation shall consist of no more than ten (10) ALS patient contacts. The field evaluation shall only be used to determine if the paramedic is knowledgeable to begin functioning under the local policies and procedures.

(1) The paramedic accreditation applicant may practice in the basic scope of practice as a second paramedic until s/he is accredited.

(2) The paramedic accreditation applicant may only perform the local optional scope of practice while in the presence of the field evaluator who is ultimately responsible for patient care.

(c) The LEMSA medical director shall evaluate any candidate who fails to successfully complete the field evaluation and may recommend further evaluation or training as required to ensure the paramedic is competent. If, after several failed remediation attempts, the medical director has reason to believe that the paramedic's competency to practice is questionable, then the medical director shall notify the Authority.

(d) If the paramedic accreditation applicant does not complete accreditation requirements within thirty (30) calendar days, then the applicant may be required to complete a new application and pay a new fee to begin another thirty (30) day period.

(e) A LEMSA may limit the number of times that a paramedic applies for initial accreditation to no more than three (3) times per year.

(f) The LEMSA shall notify the individual applying for accreditation of the decision whether or not to grant accreditation within thirty (30) calendar days of submission of a complete application.

(g) Accreditation to practice shall be continuous as long as licensure is maintained and the paramedic continues to meet local requirements for updates in local policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide EMSQIP pursuant to Section 100168.

(h) An application and fee may only be required once for ongoing accreditation. An application and fee can only be required to renew accreditation when an accreditation has lapsed.

(i) The medical director of the LEMSA may suspend or revoke accreditation if the paramedic does not maintain current licensure or meet local accreditation requirements and the following requirements are met:

(1) The paramedic has been granted due process in accordance with local policies and procedures.

(2) The local policies and procedures provide a process for appeal or reconsideration.

(j) The LEMSA shall submit to the Authority the names and dates of accreditation for those individuals it accredits within twenty (20) working days of accreditation.

(k) During an interfacility transfer, a paramedic may utilize the scope of practice for which s/he is trained and accredited.

(l) During a mutual aid response into another jurisdiction, a paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting LEMSA.

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172, 1797.185 and 1797.192, Health and Safety Code. Reference: Sections 1797.7, 1797.172, 1797.185 and 1797.214, Health and Safety Code.

## **Article 6. License Renewal**

### **§ 100167. License Renewal**

(a) In order to be eligible for renewal of a non-lapsed paramedic license, an individual shall comply with the following requirements:

(1) Possess a current paramedic license issued in California.

(2) Complete forty-eight (48) hours of CE pursuant to the provisions of Chapter 11 of this Division.

(3) Complete and submit the state Paramedic Application for License Renewal, Form #RL-01, Revised 07/2011 including the Statement of Continuing Education located on the back of the license renewal application. EMSA will notify the paramedic, by mail, approximately six (6) months prior to their paramedic license expiration date on how to renew their license.

(4) Pay the appropriate fees as specified on the application in accordance with Section 100172 of this Chapter.

(b) In order for an individual whose license has lapsed to be eligible for license renewal, the following requirements shall apply:

(1) For a lapse of less than six (6) months, the individual shall comply with (a) (2), and (a)(4) of this section and complete and submit the state Paramedic Application specified in Section 100163(a)(4), including the Statement of Continuing Education located on the back of the lapsed license renewal application.

(2) For a lapse of six months (6) or more, but less than twelve (12) months, the individual shall comply with (a)(2), and (a)(4) of this section, complete an additional twelve (12) hours of CE, for a total of sixty (60) hours of CE, and complete and submit the state Paramedic Application specified in Section 100163(a)(4), including the Statement of Continuing Education located on the back of the lapsed license renewal application.

(3) For a lapse of twelve (12) months or more, but less than twenty-four (24) months, the individual shall pass the licensure examination specified in Sections 100140,

100141, and 100164 or possess a current paramedic registration issued by the NREMT, comply with (a) (2) and (a)(4) of this section, submit to the California DOJ an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Applicant Submission Form, BCII 8016 (Rev 03/07), for a state summary criminal history provided by the DOJ in accordance with the provisions of Section 11105 et seq. of the Penal Code, complete an additional twenty-four (24) hours of CE, for a total of seventy-two (72) hours of CE and complete and submit a state Paramedic Application specified in Section 100163(a)(4), including the Statement of Continuing Education located on the back of the lapsed license renewal application.

(4) For a lapse of twenty-four (24) months or more, the individual shall comply with (a)(2) and (a)(4) and (b)(3) of this section. Documentation of the seventy-two (72) hours of CE shall include completion of the following courses, or their equivalent:

- (A) Advanced Cardiac Life Support,
- (B) Pediatric Advanced Life Support,
- (C) Prehospital Trauma Life Support or International Trauma Life Support,
- (D) CPR.

(c) Renewal of a license shall be for two (2) years. If the renewal requirements are met within six months (6) prior to the expiration date of the current license, the effective date of licensure shall be the first day after the expiration of the current license. This applies only to individuals who have not had a lapse in licensure.

(d) For individuals whose license has lapsed, the licensure cycle shall be for two (2) years from the last day of the month in which all licensure requirements are completed and the license was issued.

(e) The Authority shall notify the applicant for license renewal within thirty (30) working days of receiving the application that the application has been received and shall specify what information, if any, is missing.

(f) An individual, who is a member of the reserves and is deployed for active duty with a branch of the Armed Forces of the United States, whose paramedic license expires during the time the individual is on active duty or less than six (6) months from the date the individual is deactivated/released from active duty, has an additional six (6) months to comply with the CE requirements and the late renewal fee is waived upon compliance with the following provisions:

(1) Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation/release from active duty.

(2) Meet the requirements of Section 100167(a)(2) through (a)(4) of this Chapter, except the individual will not be subject to the \$50 late renewal application fee specified in Section 100172(b)(4).

(3) Provide documentation showing that the CE activities submitted for the license renewal period were taken not earlier than 30 days prior to the effective date of the individual's paramedic license that was valid when the individual was activated for active duty and not later than six (6) months from the date of deactivation/release from active duty.

(A) For an individual whose active duty required him/her to use his/her paramedic skills, credit may be given for documented training that meets the requirements of Chapter 11, EMS Continuing Education Regulations (California Code of Regulations, Title 22, Division 9). The documentation shall include verification from the individual's Commanding Officer attesting to the classes attended.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185 and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.175, 1797.185, 1797.194 and 1797.210, Health and Safety Code, and Section 101, Chapter 1, Part 1, Subtitle A, Title 10, United States Code.

## **Article 7. System Requirements**

### **§ 100168. Paramedic Service Provider.**

(a) A LEMSA with an ALS system shall establish policies and procedures for the approval, designation, and evaluation through its EMSQIP, of all paramedic service provider(s).

(b) An approved paramedic service provider shall:

(1) Provide emergency medical service response on a continuous twenty-four (24) hours per day basis, unless otherwise specified by the LEMSA, in which case there shall be adequate justification for the exemption (e.g., lifeguards, ski patrol personnel, etc.).

(2) Utilize and maintain telecommunications as specified by the LEMSA.

(3) Maintain a drug and solution inventory as specified by the LEMSA of equipment and supplies commensurate with the basic and local optional scope of practice of the paramedic.

(A) Ensure that security mechanisms and procedures are established for controlled substances, including, but not limited to:

1. controlled substance ordering and order tracking;
2. controlled substance receipt and accountability;
3. controlled substance master supply storage, security and documentation;
4. controlled substance labeling and tracking;
5. vehicle storage and security;
6. usage procedures and documentation;
7. reverse distribution;
8. disposal;
9. re-stocking procedures.

(B) Ensure that mechanisms for investigation and mitigation of suspected tampering or diversion are established, including, but not limited to:

10. controlled substance testing;
11. discrepancy reporting;
12. tampering, theft and diversion prevention and detection;
13. usage audits.

(4) Have a written agreement with the LEMSA to participate in the EMS system and to

comply with all applicable State regulations and local policies and procedures, including participation in the LEMSA's EMSQIP as specified in Chapter 12 of this Division.

(5) Be responsible for assessing the current knowledge of their paramedics in local policies, procedures and protocols and for assessing their paramedics' skills competency.

(6) If, through the EMSQIP the employer or medical director of the LEMSA determines that a paramedic needs additional training, observation or testing, the employer and the medical director may create a specific and targeted program of remediation based upon the identified need of the paramedic. If there is disagreement between the employer and the medical director, the decision of the medical director shall prevail.

(c) No paramedic service provider shall advertise itself as providing paramedic services unless it does, in fact, routinely provide these services on a continuous twenty-four (24) hours per day basis and meets the requirements of subsection (b) of this section.

(d) No responding unit shall advertise itself as providing paramedic services unless it does, in fact, provide these services and meets the requirements of subsection (a) of this section.

(e) The LEMSA may deny, suspend, or revoke the approval of a paramedic service provider for failure to comply with applicable policies, procedures, and regulations.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1798, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.180, 1797.204 and 1797.218, Health and Safety Code.

#### **§ 100169. Paramedic Base Hospital.**

(a) A LEMSA with an ALS system shall designate a paramedic base hospital(s) or alternative base station, pursuant to Health and Safety Code Section 1798.105 if no qualified base hospital is available to provide medical direction, to provide medical direction and supervision of paramedic personnel.

(b) A designated paramedic base hospital shall be responsible for the provisions of subsections (b)(1) through (b)(13) of this section, and alternate base stations shall be responsible for the provisions of subsections (b)(4) through (b)(13) of this section.

(1) Be licensed by the California Department of Public Health as a general acute care hospital, or, for an out of state general acute care hospital, meet the relevant requirements for that license and the requirements of this section where applicable, as determined by the LEMSA which is utilizing the hospital in the local EMS system.

(2) Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.

(3) Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of Division 5, or have been granted approval by the Authority for utilization as a base hospital pursuant to the provisions of Section 1798.101 of the Health and Safety Code. Hospitals meeting requirements in this section shall be referenced in the EMS Plan of the approving LEMSA.



- (4) Have and agree to utilize and maintain two-way telecommunications equipment, as specified by the LEMSA, capable of direct two-way voice communication with the paramedic field units assigned to the hospital.
  - (5) Both parties shall maintain a record of all online medical direction between the service provider and base hospital or alternative base station as specified by LEMSA policy.
  - (6) Have a written agreement, which is reviewed every three (3) years, with the LEMSA indicating the concurrence of hospital administration, medical staff, and emergency department staff to meet the requirements for program participation as specified in this Chapter and by the LEMSA's policies and procedures.
  - (7) Have a physician licensed in the State of California, experienced in emergency medical care, assigned to the emergency department, available at all times to provide immediate medical direction to the MICN or paramedic personnel. This physician shall have experience in and knowledge of base hospital radio operations and LEMSA policies, procedures, and protocols.
  - (8) Assure that nurses giving medical direction to paramedic personnel are trained and authorized as MICNs by the medical director of the LEMSA.
  - (9) Designate a paramedic base hospital medical director who shall be a physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine. The requirement of board certification or prepared for certification may be waived by the medical director of the LEMSA when the medical director determines that an individual with these qualifications is not available. The base hospital medical director shall be regularly assigned to the emergency department, have experience in and knowledge of base hospital radio operations and LEMSA policies and procedures, and shall be responsible for functions of the base hospital including the EMSQIP.
  - (10) Identify a base hospital coordinator who is a currently licensed in California registered nurse with experience in and knowledge of base hospital operations and LEMSA policies and procedures. The base hospital coordinator shall serve as a liaison to the local EMS system.
  - (11) Ensure that a mechanism exists for prehospital providers to contract for the provision of medications, medical supplies and equipment used by paramedics according to policies and procedures established by the LEMSA.
  - (12) Provide for CE in accordance with the policies and procedures of the LEMSA.
  - (13) Agree to participate in the LEMSA's EMSQIP which may include making available all relevant records for program monitoring and evaluation.
- (c) The LEMSA may deny, suspend, or revoke the approval of a base hospital or alternative base station for failure to comply with any applicable policies, procedures, and regulations.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.56, 1797.58, 1797.59, 1797.172, 1797.178, 1798, 1798.2, 1798.100, 1798.101, 1798.102 and 1798.104, Health and Safety Code.

### **§ 100170. Medical Control.**

The medical director of the LEMSA shall establish and maintain medical control in the following manner:

- (a) Prospectively, by assuring the development of written medical policies and procedures, to include at a minimum:
  - (1) Treatment protocols that encompass the paramedic scope of practice.
  - (2) Local medical control policies and procedures as they pertain to the paramedic base hospitals, alternative base stations, paramedic service providers, paramedic personnel, patient destination, and the LEMSA.
  - (3) Criteria for initiating specified emergency treatments on standing orders or for use in the event of communication failure that is consistent with this Chapter.
  - (4) Criteria for initiating specified emergency treatments, prior to voice contact, that are consistent with this Chapter.
  - (5) Requirements to be followed when it is determined that the patient will not require transport to the hospital by ambulance or when the patient refuses transport.
  - (6) Requirements for the initiation, completion, review, evaluation, and retention of a patient care record as specified in this Chapter. These requirements shall address but not be limited to:
    - (A) Initiation of a record for every patient response.
    - (B) Responsibilities for record completion.
    - (C) Record distribution to include LEMSA, receiving hospital, paramedic base hospital, alternative base station, and paramedic service provider.
    - (D) Responsibilities for record review and evaluation.
    - (E) Responsibilities for record retention.
- (b) Establish policies which provide for direct voice communication between a paramedic and a base hospital physician or MICN, as needed.
- (c) Retrospectively, by providing for organized evaluation and CE for paramedic personnel. This shall include, but not be limited to:
  - (1) Review by a base hospital physician or MICN of the appropriateness and adequacy of paramedic procedures initiated and decisions regarding transport.
  - (2) Maintenance of records of communications between the service provider(s) and the base hospital through tape recordings and through emergency department communication logs sufficient to allow for medical control and CE of the paramedic.
  - (3) Organized field care audit(s).
  - (4) Organized opportunities for CE including maintenance and proficiency of skills as specified in this Chapter.
- (d) In circumstances where use of a base hospital as defined in Section 100169 is precluded, alternative arrangements for complying with the requirements of this Section may be instituted by the medical director of the LEMSA if approved by the ~~EMS~~ Authority.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.176, Health and Safety Code. Reference: Sections 1797.90, 1797.172, 1797.202, 1797.220, 1798, 1798.2, 1798.3 and 1798.105, Health and Safety Code.

## **Article 8. Record Keeping and Fees.**

### **§ 100171. Record Keeping.**

- (a) Each paramedic approving authority shall maintain a record of approved training programs within its jurisdiction and annually provide the Authority with the name, address, and course director of each approved program. The Authority shall be notified of any changes in the list of approved training programs.
- (b) Each paramedic approving authority shall maintain a list of current paramedic program medical directors, course directors, and principal instructors within its jurisdiction.
- (c) The Authority shall maintain a record of approved training programs.
- (d) Each LEMSA shall, at a minimum, maintain a list of all paramedics accredited by them in the preceding five (5) years.
- (e) The paramedic is responsible for accurately completing the patient care record referenced in Section 100170(a)(6) which shall contain, but not be limited to, the following information when such information is available to the paramedic:
  - (1) The date and estimated time of incident.
  - (2) The time of receipt of the call (available through dispatch records).
  - (3) The time of dispatch to the scene.
  - (4) The time of arrival at the scene.
  - (5) The location of the incident.
  - (6) The patient's:
    - (A) Name;
    - (B) Age;
    - (C) Gender;
    - (D) Weight, if necessary for treatment;
    - (E) Address;
    - (F) Chief complaint; and
    - (G) Vital signs.
  - (7) Appropriate physical assessment.
  - (8) The emergency care rendered and the patient's response to such treatment.
  - (9) Patient disposition.
  - (10) The time of departure from scene.
  - (11) The time of arrival at receiving facility (if transported).
  - (12) The name of receiving facility (if transported).
  - (13) The name(s) and unique identifier number(s) of the paramedics.
  - (14) Signature(s) of the paramedic(s).
- (f) A LEMSA utilizing computer or other electronic means of collecting and storing the information specified in subsection (e) of this section shall in consultation with EMS providers establish policies for the collection, utilization and storage of such data.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172, 1797.173, 1797.185, 1797.200, 1797.204 and 1797.208, Health and Safety Code.

**§ 100172. Fees.**

(a) A LEMSA may establish a schedule of fees for paramedic training program review and approval, CE provider approval, and paramedic accreditation in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.

(b) The following are the licensing fees established by the Authority:

(1) The fee for initial application for paramedic licensure for individuals who have completed training in California through an approved paramedic training program shall be \$50.00.

(2) The fee for initial application for paramedic licensure for individuals who have completed out-of-state paramedic training, as specified in Section 100165(b), or for individuals specified in Section 100165(c), shall be \$100.00.

(3) The fee for licensure or licensure renewal as a paramedic shall be \$195.00.

(4) The fee for failing to submit an application for renewal within the timeframe specified in Section 100163(b), or for an individual whose license has lapsed, as specified in Section 100167(b)(1), (2), (3) and (4) shall be \$50.00.

(5) The fee for state summary criminal history shall be in accordance with the schedule of fees established by the California DOJ.

(6) The fee for replacement of a license shall be \$10.00.

(7) The fee for approval and re-approval of an out-of-state CE provider shall be \$200.00.

(8) The fee for administration of the provisions of Section 17520 of the Family Code shall be \$5.00.

NOTE: Authority cited: Sections 1797.107, 1797.112, 1797.172, 1797.185 and 1797.212, Health and Safety Code. Reference: Sections 1797.172, 1797.185 and 1797.212, Health and Safety Code; and Section 11105, Penal Code.

**Article 9. Discipline and Reinstatement of License**

**§ 100173. Proceedings.**

(a) Any proceedings by the Authority to deny, suspend or revoke the license of a paramedic or place any paramedic license holder on probation pursuant to Section 1798.200 of the Health and Safety Code, or impose an administrative fine pursuant to Section 1798.210 of the Health and Safety Code, shall be conducted in accordance with this article and pursuant to the provisions of the Administrative Procedure Act, Government Code, Section 11500 et seq.

(b) Before any disciplinary proceedings are undertaken, the Authority shall evaluate all information submitted to or discovered by the Authority including, but not limited to, a recommendation for suspension or revocation from a medical director of a LEMSA, for evidence of a threat to public health and safety pursuant to Section 1798.200 of the Health and Safety Code.

(c) The Authority shall use the “EMS Authority Recommended Guidelines for Disciplinary Orders and Conditions of Probation”, dated July 26, 2008 and incorporated by reference herein, as the standard in settling disciplinary matters when a paramedic applicant or license holder is found to be in violation of Section 1798.200 of Division 2.5 of the Health and Safety Code.

(d) The administrative law judge shall use the “EMS Authority Recommended Guidelines for Disciplinary Orders and Conditions of Probation”, dated July 26, 2008, as a guide in making any recommendations to the Authority for discipline of a paramedic applicant or license holder found in violation of Section 1798.200 of Division 2.5 of the Health and Safety Code.

NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200, 1798.204 and 1798.210, Health and Safety Code. Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185, 1798.200, 1798.204 and 1798.210, Health and Safety Code and Section 11500 et seq., Government Code.

#### **§ 100174. Denial/Revocation Standards.**

(a) The Authority shall deny/revoke a paramedic license if any of the following apply to the applicant:

(1) Has committed any sexually related offense specified under Section 290 of the Penal Code.

(2) Has been convicted of murder, attempted murder, or murder for hire.

(3) Has been convicted of two (2) or more felonies.

(4) Is on parole or probation for any felony.

(b) The Authority shall deny/revoke a paramedic license, if any of the following apply to the applicant:

(1) Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.

(2) Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.

(3) Has been convicted of two (2) misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.

(4) Has been convicted of two (2) misdemeanors within the preceding five (5) years for any offense relating to force, violence, threat, or intimidation.

(5) Has been convicted within the preceding five (5) years of any theft related misdemeanor.

(c) The Authority may deny/revoke a paramedic license if any of the following apply to the applicant:

(1) Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.

(2) Is required to register pursuant to Section 11590 of the Health & Safety Code.

(d) Subsections (a) and (b) shall not apply to convictions that have been pardoned by the governor, and shall only apply to convictions where the applicant/licensee was

prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offenses listed in (a) and (b). As used in this section, "felony" or "offense punishable as a felony" refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.

(e) This section shall not apply to those paramedics who obtained their California Paramedic License prior to the effective date of this Section; unless:

(1) The licensee is convicted of any misdemeanor or felony subsequent to the effective date of this Section.

(2) The licensee committed any sexually related offense specified under Section 290 of the Penal Code.

(3) The licensee failed to disclose to the Authority any prior convictions when completing his/her application for initial paramedic license or license renewal.

(f) Nothing in this section shall prevent the Authority from taking licensure action pursuant to Health & Safety Code Section 1798.200.

(g) The Director of the Authority may grant a license to anyone otherwise precluded under subsections (a) and (b) of this section if the Director of the Authority believes that extraordinary circumstances exist to warrant such an exemption.

(h) Nothing in this section shall negate an individual's right to appeal the denial of a license or petition for reinstatement of a license pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200 and 1798.204, Health and Safety Code. Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185, 1798.200 and 1798.204, Health and Safety Code.

#### **§ 100175. Substantial Relationship Criteria for the Denial, Placement on Probation, Suspension, Fine, or Revocation of a License.**

(a) For the purposes of denial, placement on probation, suspension, or revocation, of a license, pursuant to Section 1798.200 of the Health and Safety Code, or imposing an administrative fine pursuant to Section 1798.210 of the Health and Safety Code, a crime or act shall be substantially related to the qualifications, functions and/or duties of a person holding a paramedic license under Division 2.5 of the Health and Safety Code. A crime or act shall be considered to be substantially related to the qualifications, functions, or duties of a paramedic if to a substantial degree it evidences present or potential unfitness of a paramedic to perform the functions authorized by her/his license in a manner consistent with the public health and safety.

(b) For the purposes of a crime, the record of conviction or a certified copy of the record shall be conclusive evidence of such conviction. "Conviction" means the final judgment on a verdict or finding of guilty, a plea of guilty, or a plea of nolo contendere.

NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200, 1798.210 and 1798.204, Health and Safety Code. Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185, 1798.200, 1798.204 and 1798.210, Health and Safety Code.

**§ 100176. Rehabilitation Criteria for Denial, Placement on Probation, Suspension, Revocations, and Reinstatement of License.**

(a) At the discretion of the Authority, the Authority may issue a license subject to specific provisional terms, conditions, and review. When considering the denial, placement on probation, suspension, or revocation of a license pursuant to Section 1798.200 of the Health and Safety Code, or a petition for reinstatement or reduction of penalty under Section 11522 of the Government Code, the Authority in evaluating the rehabilitation of the applicant and present eligibility for a license, shall consider the following criteria:

- (1) The nature and severity of the act(s) or crime(s).
- (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial, placement on probation, suspension, or revocation which also could be considered grounds for denial, placement on probation, suspension, or revocation under Section 1798.200 of the Health and Safety Code.
- (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subsection (1) or (2) of this section.
- (4) The extent to which the person has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the person.
- (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
- (6) Evidence, if any, of rehabilitation submitted by the person.

NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200 and 1798.204, Health and Safety Code. Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185, 1798.200 and 1798.204, Health and Safety Code.